

CHAPTER 2

Planning Framework

MAJOR INITIATIVES

The 2005-2008 New Jersey State Strategic Plan on Aging is based upon the advancement of three initiatives that are currently underway. They were launched during the 2002-2005 State Strategic Plan for Aging and are fundamental to the future development and delivery of all programs and services of DACS. They are as follows:

NEW JERSEY'S MAJOR INITIATIVES

1. The redesign of the aging and disability service system under New Jersey's Aging and Disability Resource Center (ADRC) grant.
2. The development and implementation of a global budget long-term care program.
3. The creation of a pilot fast track eligibility program with presumptive eligibility in Warren and Atlantic Counties, the two ADRC test counties.

ADRC

In 2003, New Jersey was one of the first 12 states to receive an ADRC grant from the Federal Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS) to help redesign the aging and disability service system. In New Jersey, Atlantic and Warren Counties were selected to serve as ADRC pilot counties, and ADRC is expected to go statewide. The initiative is re-engineering New Jersey's aging services delivery system, known as NJEASE (New Jersey Easy Access, Single Entry), well beyond its current structure and capacity.

GLOBAL BUDGET

Two Executive Orders were issued by former Governor James E. McGreevey in 2004 and Acting Governor Richard J. Codey in 2005 to reform long-term care (LTC) in New Jersey. These executive orders call for the implementation of a global budgeting process for long-term care supportive services. They involve the Department of Health and Senior Services (DHSS) and the Department of Human Services (DHS) as the single state agency for Medicaid, and DHS's Medicaid office and Division of Disabilities Services, as well.

Under the mandate of Executive Order No. 31, issued by Acting Governor Codey on April 21, 2005, DHSS is directed to begin a process in State FY 2006 to develop and implement a pilot global long-term care program. The new long-term care system for older adults will have improved access and consumer-directed care across all settings and an array of home care options from which to choose.

This order builds upon Executive Order No. 100, issued by Governor McGreevey in 2004. The centerpiece of order No. 100 was to create a global budget report, which was accomplished in order to study the State's current long-term care financing structure and provide recommendations.

PILOT FAST TRACK ELIGIBILITY PROGRAM

Through Executive Order No. 31, DHSS, in partnership with DHS, will also pilot fast track eligibility (including presumptive eligibility) in State FY 2006. The State of New Jersey is directed to pilot fast track eligibility in the test environment already underway through the ADRC initiative in Atlantic and Warren Counties.

Through the ADRC initiative, DHSS and DHS have already started reengineering the financial eligibility determination process and infrastructure, including making informational, procedural, and systemic changes to eliminate barriers. Fast tracking Medicaid eligibility is also a key objective in the ADRC initiative. The goal, as stated in New Jersey's original ADRC grant application to the AoA and the CMS, is to facilitate seamless, one-stop access to LTC supportive services. The paperwork is to be streamlined and the red tape cut with fast tracking as the outcome.

2005-2008 PRIORITIES

Within the context of New Jersey's long-term care reform agenda and the implementation of the ADRC initiative, NJ's 2005-2008 State Strategic Plan on Aging has adopted the same five strategic priorities that were established as part of AoA's Strategic Action Plan¹, thus assuring consistency between New Jersey and AoA's priorities. While the priorities are the same, the goals established in this plan are unique to New Jersey. Further details pertaining to these five priorities and their related goals, objectives, and strategies appear in Chapters 3 and 4.

NEW JERSEY'S PRIORITIES AND GOALS

Priority 1: Make it easier for older adults to access an integrated array of health and social supports.

- **Goal 1:** Establish an ADRC in two counties and lay the foundation for statewide implementation.
- **Goal 2:** Prepare Medicare counselors and others in the aging network for the launch of Medicare Part D, the new prescription drug benefit.
- **Goal 3:** Ensure DACS and its partners in the aging and disability network attain cultural and linguistic competence to better serve New Jersey's growing diverse population.
- **Goal 4:** Ensure consumer direction throughout the aging services network.
- **Goal 5:** Work with key players in the transportation sector to access the need for, and improve the coordination of, transportation services for older adults.

Priority 2: Help older people to stay active and healthy.

- **Goal 1:** Empower older adults to actively engage in health behaviors so they can live longer, maintain their quality of life, and participate in/contribute to their communities.

¹ U.S. Administration on Aging, Strategic Action Plan, FY 2003-2008, November 2002, p. 6.

Extend health, functional independence, and health-related quality of life as long as possible.

- **Goal 2:** Through **Mission Nutrition**, redefine the New Jersey Nutrition Program as a full service community program, an integral component of a comprehensive and coordinated system of home and community based services.
- **Goal 3:** Promote early and effective life planning and health promotion to younger populations and to adults age 50 and older.

Priority 3: Support families in their efforts to care for loved ones at home and in the community.

- **Goal 1:** To improve caregiver skills in using the home environment for dementia care. Create a model for integrating home modifications and assistive technologies into ADRC processes.
- **Goal 2:** Develop a coordinated care management and service delivery model to assist older caregivers who are providing assistance to adults with developmental, physical, and/or mental disabilities.
- **Goal 3:** Implement a caregiver-directed service component statewide through the state-funded Statewide Respite Care Program.

Priority 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation.

- **Goal 1:** Ensure, through the Office of the Ombudsman for the Institutionalized Elderly, that nursing home staff and volunteer advocates are trained to spot, prevent, or stop and report incidents of resident mistreatment and promote a culture of caring in institutional settings.
- **Goal 2:** Through the Office of the Public Guardian for Elderly Adults, educate the public and work with professionals to ensure that guardianship and alternatives to guardianship are understood and properly utilized.
- **Goal 3:** Through Adult Protective Services, support county provider agencies and educate and work with partner agencies to ensure that vulnerable adults are identified and services are provided to ensure their safety in the community.

Priority 5: Promote an effective and responsive management program.

- **Goal 1:** Continue to implement DACS's annual AAA Assessment Procedure.
- **Goal 2:** Provide new and ongoing technical assistance to the AAAs to support their role as senior planning and service leaders at the local level.
- **Goal 3:** Improve, monitor, and evaluate Home and Community-Based Waiver programs to ensure quality.
- **Goal 4:** Promote DACS's Quality Assurance and Quality Improvement Process throughout all programs and services.
- **Goal 5:** Seek funding for innovative programs that benefit seniors, caregivers, and people with physical disabilities
- **Goal 6:** Reform long-term care by changing the way the budget is structured through a global budgeting process.
- **Goal 7:** Continue an open communications framework established within DACS in order to foster cohesion and efficiency.

- **Goal 8:** Transform information technology to support system change at DACS.
- **Goal 9:** Reorganize the Office of Community Choice Options to meet changing needs and business conditions.
- **Goal 10:** Develop a formal outcomes measurement model for selected programs in order to document changes in the knowledge, attitudes, behavior, and/or physical and/or emotional well-being of recipients of aging services.

NEW JERSEY'S GUIDING PRINCIPLES

DACS is committed to the idea that there are fundamental core values that must be incorporated into the development and implementation of strategic priorities, goals, and objectives. To ensure consistency with these core values, DACS has established five guiding principles, as outlined and defined below.

NEW JERSEY'S GUIDING PRINCIPLES

1. Leadership
2. Advocacy
3. Consumer Direction
4. Cultural Competency
5. Quality Assurance/Quality Improvement

LEADERSHIP

At DACS, leadership is intrinsic to the organization, from managing public funds on the state and local levels to providing direction in the aging network and good internal management within the division. Leadership at DACS means molding, modifying, and modernizing the AAA's when it comes to its role as the State Unit on Aging. The AAAs look to the State for leadership in terms of funding, but also for training, information, and technical assistance. It is an ongoing responsibility.

ADVOCACY

Advocacy for older adults and their caregivers must be promoted. DACS supports policies that enhance the capacity of aging services and programs to meet the needs of older adults and their caregivers.

CONSUMER DIRECTION

As a cornerstone of the ADRC initiative, consumer direction is a principle that empowers older adults to make their own long-term care decisions, one that incorporates the philosophy of individual control in State policies and programs. It must be seen as a right that supports individuals in managing their own affairs and making their own decisions.

DACS is currently working to integrate a consumer-directed philosophy into its programs as a result of the ADRC, but also through the global budget initiative. A number of key activities will be undertaken in 2005 and beyond with state partners that will involve the promotion of consumer direction. Recent focus groups and public forums convened for the development of

this plan, provided evidence of and support for consumer direction. DACS is working to advance higher consumer satisfaction, autonomy and control.

CULTURAL COMPETENCY

Cultural competency focuses on a specific target population, namely minorities. In doing so, it must successfully assist minority older adults to remain healthy, active, and independent in their communities and to eliminate health, social, and economic disparities. The aging network in New Jersey needs to identify approaches and interventions that respect minority cultures and appropriately address their needs.

New Jersey has targeted its services by focusing its efforts on specific population groups, namely all older adults age 60+, older minority adults, older low-income adults, disabled/frail adults, and vulnerable adults. Minorities in New Jersey include Hispanics, African Americans, Asians, and American Indians.

Cultural competency and the targeting of services must assure that vulnerable minority populations have equal access to services that assist them in remaining healthy, active, and independent within their communities. Cultural and linguistic competence is defined as “the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities”. The incorporation of cultural and linguistic competence in program administration and service delivery will likely increase service access, consumer and family satisfaction and improved client/service outcomes.

DACS plans to incorporate cultural and linguistic competence across all levels of the organization – management, policy and procedure development, staff recruitment, training, program administration, service delivery, monitoring and evaluation because this is critical to ensuring that services are meeting the needs of culturally diverse population groups.

DACS will take the lead within the aging network in New Jersey to develop a cultural competency model that measures an organization’s cultural and linguistic competence level and that of the professionals within the agency. The cultural competence model will be pilot tested at DACS and within the two ADRC pilot counties – Atlantic and Warren. The model will be shared with the other nineteen counties once refined.

The cultural competency model specifically addresses such issues as:

- Community stakeholder involvement in the organization’s planning process.
- The hiring practices of the organization.
- Evaluation of the literacy levels of present agency materials (e.g. brochures, videos, signage, and agency applications).
- The availability of translation services.
- The cultural appropriateness of the client assessment application and process.
- Actual service delivery (e.g. location, hours of operation, quality of services).

Performance indicators and appropriate data elements have been identified for collection and evaluation.

The Cultural Competency Subcommittee, established in July 2003, consists of 8-10 active members from various non-profit and state government entities. The Cultural Competency Subcommittee is co-chaired by a New Jersey Commission on Aging member and a Director of a Multicultural Education Center. DACS's Cultural Competency Subcommittee already has a number of accomplishments to its credit, as follows:

- Identified the unique service utilization patterns of the various cultural groups served with Title III funding.
- Identified cultural and linguistic performance measures.
- Developed an introductory cultural competence-training curriculum.
- Developed a cultural self-assessment tool for organizations and their professionals to identify areas of strengths and needed improvements as these relate to working and serving residents of cultural and ethnic communities.
- Provided funding to eleven community-based organizations serving Latino communities to offer a health and wellness activity that specifically targeted Latina women age 60 and older.
- Recently secured funding for the next five years to: **(a)** develop a health literacy initiative and **(b)** expand the cultural competency training curriculum to directly apply to the work performed by care managers and nurses operating within the aging and disability network.

QUALITY ASSURANCE AND QUALITY IMPROVEMENT (QA/QI)

The division has adopted a QA/QI process designing quality assurance and improvement strategies into the Home and Community Based Services (HCBS) program at the initiation of the program. Engaging in a process of discovery to collect data and direct participant experiences in order to assess the ongoing implementation of the program, identifying both concerns as well as other opportunities for improvement. Taking actions to remedy specific problems or concerns that arise in the discovery process.

Priority areas for quality assessment in New Jersey are:

1. Participant access
2. Participant-centered service planning and delivery
3. Provider capacity and capabilities
4. Participant safeguards
5. Participant rights and responsibilities
6. Participant outcomes and satisfaction
7. Systems performance

SUMMARY OF COMMUNITY STAKEHOLDER FORUMS AND PUBLIC HEARINGS ON NEW JERSEY'S STATE STRATEGIC PLAN FOR AGING

To solicit input into the development of its proposed 2005-2008 Strategic Plan for Aging, DACS held a stakeholders meeting in January 2005. Stakeholders identified several themes that should be addressed in the plan. In March 2005, these themes were refined at a meeting of the AAA directors. The AAA directors also developed guiding principles. Two public hearings were then

held, one each in Atlantic and Warren Counties. Plan input was also received in writing from persons unable to attend these meetings or who wished to provide additional comments. Lastly, a retreat to garner input from DACS management staff was held in April 2005.

Many of the themes, principles and service issues identified by stakeholders and members of the public have been incorporated into this plan as goals and objectives related to DACS's five priorities. A brief discussion on how DACS has or will address stakeholder, public, and other input appears in the discussion of each priority in Chapter 3. In the summaries below, issues have been grouped according to the priority area where they are addressed in Chapter 3.

STAKEHOLDER FORUM

DACS held a meeting of key stakeholders on January 25, 2005, at the State House in Trenton. Fifty stakeholders were invited to participate and 35 attended. Major themes identified by the stakeholders included: caregiver issues, flexible funding, workforce shortage, housing, single point of entry, access to transportation, resource development, education and training, consumer empowerment, support service network, comprehensive disease management, and social isolation.

AAA DIRECTORS MEETING

The March meeting of AAA Directors was dedicated to input for the State Plan. Directors were encouraged to invite members of their AAA Advisory Councils.

Guiding principles developed at this meeting included: stewardship (i.e., the responsible use of public funds), quality, advocacy, consumer direction, cultural competency, partnership, and targeting.

Themes agreed upon included: access/marketing/outreach, advocacy, caregiver, consumer education, funding, health and wellness, home and community-based services/in-home services/disables services/ADRC/mental health services, housing, legal and financial services, nutrition, partnership/coordination, taxonomy, training, transportation, and volunteers.

PUBLIC HEARINGS

Two public hearings were held to solicit input into the strategic plan. Attendance was encouraged through the AAA newsletter in Warren County and a press release in Atlantic County. More than 200 seniors, caregivers and providers attended the public hearings. Four years ago, three public hearings attracted just over 100 attendees.

WARREN COUNTY NEWSLETTER ARTICLE

BELVIDERE – On April 14, 2005, officials from the New Jersey Department of Health & Senior Services, Division of Aging and Community Services, will be accepting comments and looking for input as they develop the 2005-2008 New Jersey State Plan on Aging. The State Plan on Aging is the roadmap through which programs and services addressing the needs and concerns of older adults in New Jersey are developed.

Don't miss your opportunity to provide input into the development of the New Jersey State Plan on Aging.

The Warren County Division of Senior Services is sponsoring the event along with neighboring County Offices on Aging in Sussex, Hunterdon and Somerset Counties.

When: 1:30 p.m., Thursday, April 14, 2005
Where: Washington-Area Senior Nutrition and Day Center
St. Joseph's Community Hall
200 Carlton Avenue, Washington, NJ

Contact the Division of Senior Services for more information at 1-877-222-3737.

ATLANTIC COUNTY PRESS RELEASE

TRENTON - New Jersey residents will have the opportunity to provide input into the State's plans for services to senior citizens for the period 2005-2008, when the New Jersey Department of Health and Senior Services, in conjunction with the New Jersey Commission on Aging, conducts the second of two public hearings later this week in Atlantic County.

The public hearing will be held Wednesday, May 4, 2005, starting at 11:00 a.m., at the Herman Pogachefsky Senior Services Pavilion, 1102 Atlantic Avenue, in Atlantic City. The first hearing was held in Warren County in April.

State Units on Aging are required to submit service plans to the U.S. Administration on Aging every three years. The plans detail service needs, establish priorities, and outline how each state plans to utilize federal Older Americans Act and state funding to accomplish established goals.

Anyone interested in senior issues may attend the public hearing. Written testimony can be submitted at the hearing or can be mailed to the attention of Assistant Commissioner Patricia Polansky, New Jersey Division of Aging and Community Services, PO Box 807, Trenton, NJ 08625-0807 by June 15, 2005.

FIRST PUBLIC HEARING Warren County, April 14, 2005 (125 Attendees)

The issues raised by members of the public at this hearing are summarized below, by priority area.

PRIORITY 1:

- Prescriptions
- Maintain dignity of all elders
- Freedom to return to same nursing home after long hospital stay
- Cultural competency

PRIORITY 2:

- Health Promotion

- Recreation/Exercise: Dancing, Social Events, Work-Outs
- Educate public regarding services and programs: Nutrition

PRIORITY 3:

- Medical Adult Day programs, especially in rural areas
- Caregiver Funding
- Help seniors to remain in their own homes/home health aides

PRIORITY 4:

- Senior Scams and Safety
- Legal Services
- Financial Services

PRIORITY 5:

- Outreach to rural areas: Shared Services with business and other agencies/organizations

OTHER/OVERLAPPING:

- Tax Reform
- Property/Real Estate Taxes
- Transportation
- Affordable housing
- Better Medical Coverage
- Better insurance rates
- Limit immigration/reserve services for tax-paying citizens
- Long Term Care
- Dental Program for seniors
- Enforce illegal parking laws
- Cell Phone (911 for emergencies)

SECOND PUBLIC HEARING Atlantic County, May 4, 2005 (95 Attendees)

The issues raised by members of the public at this hearing are summarized below, by priority area.

PRIORITY 1:

- Sensitivity training to hospital staff for services provided to disabled population (visually impaired). For example: attitude and sensitivity toward visually impaired
- Services to 55+ visually impaired population

PRIORITY 2:

- Health Programs for seniors
- Activities for keeping fit
- Encourage congregate meals
- Cost and quality of meals, possibility of delivering cultural food

PRIORITY 3:

- Social and Medical Day Care
- Eligibility for Medicaid to pay for Social Day Care

PRIORITY 4:

- Age biased employment

PRIORITY 5:

- None

OTHER/OVERLAPPING:

- Needs transportation to take seniors to senior center
- Transportation for medical needs, for example: dialysis
- Transportation for extended hours, for example: weekend and evening
- Short trip to post office back and forth
- Riding time too long
- Difficult to get into the van, for example: handicap ramp/lift is needed
- Affordable housing is needed
- Middle income housing is needed
- Assist Living program has beds in New Jersey
- DACS rep will visit the Atlantic County to discuss congregate services
- Sliding scale has different rate for different building, why?
- Shortage of Home Health Aide to assist seniors who live in the community
- Slogan to be used: "Beauty is Ageless"